

DMS Clarification: Physician's verbal order(s) for HH services-Electronic medical Records

Currently, most HH agencies are using computer software for electronic medical records. The software being used by HH agencies provides a format which allows the Physician's verbal order(s), which initiates the plan of care, to be placed within the HH Plan of Care/Treatment form.

A DMS decision was made, dated May 3 2013, to allow the Physician's verbal order(s) that initiates the Plan of Care, which is electronically placed on the HH Plan of Care form, to be accepted. It was also acknowledged that the Physician's order(s) to initiate a Plan of Care must be specific and detailed to be accepted. The Physician's order cannot state "Assess and Treat", "Continue the Plan of Care" or "Continue HH Services".

- The physician's order must be detailed and specific to the services required and provided. This pertains to all episodes of HH care including recertification for extended HH services that require additional episodes of care for medically necessary HH services;
- The Physician's verbal order(s) must be signed by the licensed personnel obtaining and transcribing the order(s) and shall include the time, date and the title of the discipline receiving the order(s);
- Physician's electronic signatures on the HH Plan of Care/Treatment form are to be accepted.

When the HH Plan of Care/Treatment is signed by the Physician, the entire document and the specific verbal order(s), which are transcribed within the HH Plan of Care/Treatment, are also considered to be signed.

Considerations must be made for present day electronic medical records.

DMS anticipates that with the current use of electronic medical records, we will see various formats of the HH Plan of Care/Treatments. DMS has not mandated that the HH agencies use the CMS 485 Plan of Care which has been commonly used and is required by Medicare for HH services. The HH manual, Section IV-Services Covered, page 4.7 states, "It is acceptable to utilize the same Plan of Care forms required by Medicare or another form which meets all licensure and certification requirements for a plan of care." The Medicare form is the CMS 485 POC.

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